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DEC 07 2004

PATENT  
Dkt. OKC00085

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Thomas L. Byers  
Application No.: 10/664,259 Group No.: 3643  
Filed: September 17, 2003 Examiner: A. Valent  
For: MODULAR ANIMAL ENCLOSURE

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is a small entity. A statement was already filed.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00


## CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

## TRANSMISSION

By facsimile transmitted to the Patent and Trademark Office, (703) 872-3306.

Signature



Date: December 7, 2004

Diana C. Anderson

(type or print name of person certifying)

#290125

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PAGE 2/21 \* RCVD AT 12/7/2004 5:22:30 PM (Eastern Standard Time) \* SVR:USPTO-EFAX-18 \* DMS:8729306 \* CSD:4052328659 \* DURATION (mm:ss):05:08

12/13/2004 RBALTIMO 00000003 060540 10664259  
01 FC:2251 55.00 DA

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDIT. FEE		
TOTAL	22	- 25	= 0	x	\$ 9.00	=	\$ 0.00		
INDEP.	4	- 4	= 0	x	\$ 44.00	=	\$ 0.00		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+	\$ 0.00	=	\$ 0.00		
TOTAL							ADDIT. FEE	\$	0.00

No additional fee for claims is required.

## FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$55.00 to Deposit Account No. 06-0540. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

## FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 06-0540.  
If an additional fee for claims is required, charge Account No. 06-0540.

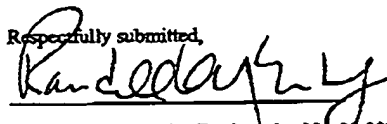
## OTHER

7. Other Enclosures:  
Applicant Initiated Interview Request Form

Date:

12/7/04

Respectfully submitted,



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